-- PART B - FEE(S) TRANSMITTAL

Complete and send the links

gether with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 (571)-273-2885 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be the current or address; and/or (c) indicating a separate "FEE ADDRESS" for maintenance fees will be the current or address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be addressed as a separate and the current correspondence addressed and the current correspondence and the current correspondence addressed and the current correspondence addressed and the current correspondence and the current correspondence addressed and the maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block) for any change of a

28863

01/17/2008

SHUMAKER & SIEFFERT, P. A. 1625 RADIO DRIVE

SUITE 300 WOODBURY, MN 55125 C

Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying oppers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United
States Postal Service with sufficient postage for first class mail in an envelope
addressed to the Mail Stop ISSUE FEE address above, or being facsimile
transmitted to the USPTO (571) 273-2885, on the date indicated below.

rististricted to the Odi 10 (377) 272 2003) 41 mm	
Karen Sorensen	(Depositor's came
Daw Jours	(Signature
3-18-08	(Date

APPLICATION NO.	FILING DATE	PIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,211	07/07/2003	Harsch Khandelwal	1028-023US01	8049

TITLE OF INVENTION: SYSTEM AND METHOD FOR THE CAPTURE, STORAGE AND MANIPULATION OF REMOTE INFORMATION

\$720	0062	\$0 93746730	98 KSEBNEN 8335	04/17/2008
``		20/1C/E5	ar upfreys acce	2034 531778 1061
ART UNIT	CLASS-SUBCLASS	01 50:25	01 <i>72</i> 0.22	na na
2182	710-005000	02 FC:15	84 369.62	
SUN, SCOTT C 2182 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customar Number is required.		a 3 registered patent attorn vely, ic firm (having as a membragent) and the names of up imeys or agents. If no nam	er a Z	car + Sietted,
dentified below, no essignee Completion of this form is NO	date will appear on the port a substitute for fitting an (B) RESIDENCE: (CITY Wakes)	atent. If an assignme is id assignment. Y and STATE OR COUNT	da	
unt permitted)	b. Payment of Fee(s): (Ple	ase first reapply any prev	riously paid issue fee suched.	hown above)
status, Sec 37 CFR 1.27.	ed from anyone other than	nger claiming SMALL EN	TITY status. See 37 CF	TR 1.27(g)(2). e assignee or other party in
to Suffert		Date Mare	41.312	
T Ida D i C Z o d Y Gis	r Change of Correspondence kiress* Indication form attached. Use of a Customer DATA TO BE PRINTED ON identified below, no assigned Completion of this form is NO Local Completion of this form is	(1) the names of up to or agents OR, alternation of agents OR, alternation attached. Use of a Customer attached at	(1) the name of up to 3 registered patent attorn of agents OR, alternatively, (2) the name of a single firm (having as a membrical content of the content of agents of agents of agents or agent) and the names of up to 3 registered attorney or agent) and the names of up to 3 registered attorney or agent) and the names of up to 2 registered attorneys or agents. If no name listed, no name will be printed. DATA TO BE PRINTED ON THE PATENT (print or type) identified below, no assignee date will appear on the patent. If an assignee is identified below, no assignee date will appear on the patent. If an assignee is identified below, no assignee date will appear on the patent. If an assignee is identified below, no assignee date will appear on the patent. If an assignee is identified below, no assignee date will appear on the patent. If an assignee is identified below, no assignee date will appear on the patent. If an assignee is identified below, no assignee date will appear on the patent. If an assignee is identified below, no assignee date will appear on the patent. If an assignee is identified below, no assignee date will appear on the patent. If an assignee is identified below, no assignee date will appear on the patent. If an assignee is identified below, no assignee date will appear on the patent. If an assignee is identified below, no assignee date will appear on the patent. If an assignee is identified below, no assignee date will appear on the patent attorneys or agents. If no name will be printed. (B) RESIDENCE: (CITY and STATE OR COUNT Work of the patent of the patent attorneys or agents. If no name will be printed. (B) Resident attorney or agents attorneys or agents. If no name will be printed. (B) Resident attorney or agents. If no name will be printed. (CITY and STATE OR COUNT Work of the patent attorneys or agents. If no name will be printed. (B) Resident attorney or agents. If no name will be printed. (B) Resident attorneys or agents. If no name will be printed. (B) Resident attorneys or agents.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. DATA TO BE PRINTED ON THE PATENT (print or type) identified below, no assignee date will appear on the patent. If an assignee is identified below, the do Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Locaterion, Ontario, Canada ory or categories (will not be printed on the patent): Individual Corporation or other private growth of the patent by credit eard. Form PTO-2038 is attached. Payment by credit eard. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deformance of the patent is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. Is applicant is no longer claiming SMALL ENTITY status. See 37 CFR (if required) will not be accepted from anyone other than the applicant: a registered attorney or agent; or the red States Patent and Trademark Office.

Under the Paperwork Reduction Act of 1995, so persons are required to respond to a collection of information unless it displays a valid OMB control number

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCÉ



SHUMAKER & SIEFFERT, P.A. 1625 RADIO DRIVE, SUITE 300 WOODBURY, MINNESOTA 5512

TEL 651.735-1100 FAX 651.735-1102

WWW.SSIPLAW.COM

FACSIMILE SUBMISSION UNDER 37 CFR 1.8

Mail Stop Issue Fee	ггом: Kent J. Sieffert
U.S. Patent & Trademark Office	DATE: 3-18-08
FAX NUMBER: 1-571-273-2885	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: 1028-023US01
Issue Fee	YOUR REFERENCE NUMBER: 10/615,211

This facsimile message is intended for the sole use of the intended recipient(s) and may contain information that is confidential, privileged and/or attorneys' work product. Any review or distribution by any other person is prohibited. If you are not an intended recipient, please immediately contact the sender and delete all copies.